



STINGING INSECT ALLERGY

Types of stinging insects are bees, wasps, hornets, and fire ants. About 1% of all people develop allergic reactions which are systemic. During a systemic reaction, itchy hives or rash, difficulty breathing, shock (very low blood pressure) or any combination of these symptoms can occur. Large swelling that extends from the site of the sting is not a systemic allergic reaction. After a person has had an allergic reaction to a sting he has a high chance (60%) of having another systemic reaction with the next sting. The next reaction will not necessarily be worse, but may still be dangerous. Children are more likely than adults to lose their allergy after several years.

Allergy injections with venom from the appropriate stinging insect can be extremely effective (98%) in preventing systemic reactions from future stings. Someone who has already had a systemic reaction to a sting is a candidate for venom injections. This person should then consult with an allergist to determine the best treatment plan. If allergy injections are selected, the individual is then tested to determine the type of stinging insect(s) and the level of sensitivity. Injections are given weekly for about fifteen weeks, starting at a low dose and then gradually increasing. After reaching a high dose, (called maintenance dose), the time between injections slowly increases to every to six weeks.

Like other allergy shots, venom injections must be given in a physician's office with a thirty-minute wait after each injection. Approximately 15%-20% of those receiving injections may have local hives and rarely, a more significant reaction including generalized hives and wheezing. Life threatening reactions to venom injections have been extremely rare. Late reactions occurring 12-48 hours following injections may consist of large local swelling at the site of the injection. No serious long-term reactions have been reported.

Venom injections continue 3-5 years. After this time most people can stop with no increased risk of stinging insect allergy. Repeating the venom testing is sometimes helpful in determining when venom injections can safely stop. Individuals with very severe reactions may need to continue longer. We recommend a brief follow-up appointment every 1-2 years as directed by your allergist to review progress, update medical history and renew any prescriptions. While receiving injections, you should always inform your allergist of any changes in health or prescription changes.